

**South Dakota Medicaid  
Chiropractic Services Fee Schedule**  
Effective July 1, 2023

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at:

<https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

| Code  | Description   | Fee       |
|-------|---|-----------|
| 72020 | X-ray exam of spine 1 view                              | \$ 26.69  |
| 72040 | X-ray exam neck spine 2-3 vw                            | \$ 39.11  |
| 72070 | X-ray exam thorac spine 2vws                            | \$ 35.13  |
| 72072 | X-ray exam thorac spine 3vws                            | \$ 42.04  |
| 72080 | X-ray exam thoracolmb 2/> vw                            | \$ 37.32  |
| 72082 | X-ray exam entire spi 2/3 vw                            | \$ 72.16  |
| 72100 | X-ray exam l-s spine 2/3 vws                            | \$ 42.28  |
| 98940 | Chiropract manj 1-2 regions                             | \$ 20.09  |
| 98941 | Chiropract manj 3-4 regions                             | \$ 28.93  |
| 98942 | Chiropractic manj 5 regions                             | \$ 37.78  |
| 99202 | Office/outpatient visit new, 15-29 minutes              | \$ 63.63  |
| 99203 | Office/outpatient visit new, 30-44 minutes              | \$ 94.58  |
| 99204 | Office/outpatient visit new, 45-59 minutes              | \$ 134.32 |
| 99205 | Office/outpatient visit new, 60-74 minutes              | \$ 171.32 |
| 99211 | Office/outpatient visit est, minimal presenting problem | \$ 20.48  |
| 99212 | Office/outpatient visit est, 10-19 minutes              | \$ 38.71  |
| 99213 | Office/outpatient visit est, 20-29 minutes              | \$ 62.22  |
| 99214 | Office/outpatient visit est, 30-39 minutes              | \$ 88.05  |
| 99215 | Office/outpatient visit est, 40-54 minutes              | \$ 123.57 |